	PATENT A	PPLICATIO	N FEE DE	RD	Application or Docket Number							
Effective October 1, 2000												
		mn 2)		MALL EN	ITITY	OR	OTHER SMALL E					
то	TAL CLAIMS		ت				Γ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	5 minus 20=		· 10'			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		Ø		X40=			OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135=			OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	L	TOTAL			TOTAL	710
	CLAIMS AS AMENDED - PART II							SMALL E	NTITY	OR	OTHER SMALL	E .
	13 5 T T C	(Column 1) CLAIMS		HIGH	MN 2) HEST IBER OUSLY FOR	(Columh 3)	È	JMALL	ADDI-	I I	OMALE:	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA	RATE	RATE	TIONAL		RATE	TIONAL FEE
	Total	. 5	Minus	2	20	= 0	Γ	X\$ 9=		OR	X\$18=	0
ME	Independent	. /	Minus	ں ***	7	= 0	Γ	X40=		OR	X80=	O
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	.105			+270=	
							L	+135= TOTAL		OR	TOTAL	0
		(2.1 A)		(0.1	۵۱	(O - I 0)	ΑC	DIT. FEE		ОН	ADDIT. FEE	
ŀ		(Column 1) CLAIMS			umn 2) HEST				ADDI	1		ADDI
ENT B		REMAINING AFTER AMENDMENT	۷.	PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X40=		OR	X80=	
-	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIN	' []	! -	+135=		OR	+270=	
								TOTAL		OR	TOTAL	
1		Αl	DDIT. FEE			ADDIT. FEE	L					
6	The same	(Column 1) CLAIMS	* * * * * * * * * * * * * * * * * * * *	HIG	umn 2) HEST	(Column 3)	1 _		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	•	Minus	**		=	JΓ	X\$ 9=		OR	X\$18=	
NE NE	Independent	•	Minus	***		<u> =</u>		X40=		OR	X80=	
L	FIRST PRESI	ENTATION OF N	ULTIPLE DE	PENDE	NT CLAIN	<u> </u>	J ├	.405		1		
	If the entry in colu	ımn 1 is less than	the entry in colu	ımn 2. wr	rite "0" in c	olumn 3.	L	+135= TOTAL	ļ	OR	+270= TOTAL	<u> </u>
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE ADDIT. FEE												
		mber Previously P					er four	nd in the ap	propriate bo	ox in c	olumn 1.	